

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09781715</u>	FILING DATE <u>02-15-01</u>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16	/						66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
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24		/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31		/					81				
32		/					82				
33		/					83				
34		/					84				
35		/					85				
36		+					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41	/						91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.							TOTAL IND.	4			
TOTAL DEP.							TOTAL DEP.	51			
TOTAL CLAIMS							TOTAL CLAIMS	55			